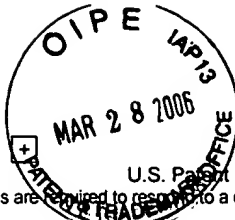


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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

2

Application Number

09/532,804

Filing Date

March 21, 2000

First Named Inventor

Khalid Monir A. El-Rafie

Group Art Unit

2153

Examiner Name

Bradley E. Edelman

Attorney Docket Number

003941.86972

### ENCLOSURES (check all that apply)

☐ Fee Transmittal Form

☐ Fee Attached

☐ Amendment / Response

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/ Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Assignment Papers (for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) \_\_\_\_\_

☐ After Allowance Communication to Group

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

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☐ Status Letter

☒ Other Enclosure(s) (please identify below):

**Request for Withdrawal as Attorney or Agent and Change of Correspondence Address**

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Frederic M. Meeker, Registration No. 35,282

Signature

*Frederic M. Meeker*

Date

March 28, 2006

### CERTIFICATE OF MAILING

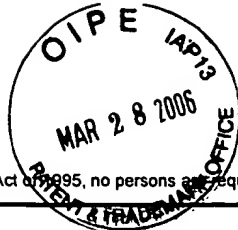
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PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
and CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/532,804
Filing Date	March 21, 2000
First Named Inventor	Khalid Monir A. El-Rafie
Art Unit	2153
Examiner Name	Bradley E. Edelman
Attorney Docket Number	003941.86972

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified application, and

☒ all the attorneys/agents of record.☐ the attorneys/agents (with registrations numbers) listed on the attached paper(s), or☐ the attorneys/agents associated with Customer Number 

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Termination of the attorney-client relationship.

1. ☐ The correspondence address is NOT affected by this withdrawal.2. ☒ Change the correspondence address and direct all future correspondence to:☐ Customer Number 

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<input checked="" type="checkbox"/> Firm or Individual Name	Dr. Mohsen Sanai, CEO & General Manager				
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Country	Kuwait				
Telephone	965-4340649	Fax	965-4315605		
Name	On behalf of all attorneys of record: Frederic M. Meeker				
Signature	<i>Frederic M. Meeker</i>	Registration No.	35,282		
Date	March 28, 2006	Telephone No.	202-824-3116		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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